

**2015**

**St. John Ambulance  
Ontario Medical First Response Competition  
Provincial Competition**

**TEAM SCENARIO**

**Scenario 2 - “Cross Country Crash”**

**Background Scenario**

You and your team are Providing First Aid Services at the major sporting event.  
Your crew is working at the halfway point of the cross country race path.

Officials have notified you that two runners have collided and need care on the pathway.

Officials on site have already re-routed the race to allow for first aid to the fallen athletes.

You have 20 minutes to complete the scenario, Good Luck!!

There will be a 3 minute warning signify the end of the primary survey.

There will also be a 2 minute left signal for the team's benefit.

**THIS PAGE IS GIVEN TO TEAMS AT THE BEGINNING OF  
THE SCENARIO**

## CASUALTY SIMULATORS INFORMATION

### Scenario : “Cross Country Crash”



***(BACKGROUND – NOT TO BE SHARED WITH COMPETITORS)***

Total Patients: 2 – both running athletes in athletic clothing. - Location: Forest Path

Two Athletes are running in the cross country race when leader trips and falls causing some relatively minor injuries (skinned knees, skinned right arm and skinned right shoulder) while on the ground, the second place runner stumbles over the fallen runner, kicking them hard in the left rib cage and causing secondary injuries (bruising to ribs and upper abdomen.)

While falling the second runner does try and catch themselves causing injury as well (skinned knees palms and forearms as well as a sprained left ankle and a dislocated left shoulder).

Officials on site have already re-routed the race to allow for first aid to the fallen athletes.

#### **NOTE:**

- There will be a 3 minute warning to the judges to signify the end of the primary survey.
- There will also be a 2 minute remaining signal for the team's benefit.

#### **PROPS (Per Scenario/Team)**

- 2 Casualties in running/athletic attire.
- PCR's (SFA & MFR)
- First aid kit (SFA and MFR)
- Blankets x 3 or {2 + a pillow} (SFA & MFR)
- Splints (SFA & MFR)
- Oxygen Kit & Masks (MFR Only)

## CASUALTY SIMULATORS INFORMATION ~ “Cross Country Crash”

**Casualty 1 –Lead Runner:** (laying on right side facing away from second runner)



Information	Casualty Simulation Required
<ul style="list-style-type: none"> <li>Conscious Patient lying on RIGHT SIDE (Left side up!)</li> </ul>	<ul style="list-style-type: none"> <li>Have patient moaning in pain.</li> </ul>
<ul style="list-style-type: none"> <li>Skinned Knees, Right arm (back of upper arm) and Right Shoulder</li> </ul>	<ul style="list-style-type: none"> <li>Road rash with dirt/ light debris.</li> <li>Minor bleeding</li> </ul>
<ul style="list-style-type: none"> <li>Fractured LEFT ribs</li> </ul>	<ul style="list-style-type: none"> <li>Moderate bruising to area of LEFT ribs and upper abdomen approximately the size of a human foot. (Patient was kicked)</li> </ul>
<ul style="list-style-type: none"> <li>Shock</li> </ul>	<ul style="list-style-type: none"> <li>Lightly pale, cool, sweaty skin</li> </ul>

### HISTORY:

- You are running the cross country race at the big sporting event. You are in the lead when you suddenly trip and fall to the ground skinning both your knees and the back of your right arm and shoulder. By the time you came to a stop on the ground, you don't have time to get out of the way of the second place runner who you are pretty sure tried to jump over you, but instead kicked you hard in the Left ribs and stomach.
- It continues to hurt to take a deep breath and instead you find it easier to breath with very shallow breaths.
- You are frustrated as this was the first time at a big sporting event that you were in the lead.

### VITAL SIGNS:

	1 <sup>st</sup> SET	2 <sup>nd</sup> SET
<b>RESP.</b>	12 shallow and regular	12 shallow and regular
<b>PULSE</b>	84 strong and regular	84 strong and regular
<b>BP</b>	134/78	134/78
<b>SKIN</b>	Pale, cool, clammy	Pale, cool, clammy
<b>LOC</b>	Conscious	Conscious
<b>PUPILS</b>	Equal & Reactive	Equal & Reactive

SAMPLE:

**Allergies:** None  
**Medications:** None  
**Past Medical History:** None  
**Last meal:** 3 Hours ago – light meal

## CASUALTY SIMULATORS INFORMATION ~ “Cross Country Crash”

**Casualty 2 – Second Place Runner** (laying on back with knees elevated)



Information	Casualty Simulation Required
<ul style="list-style-type: none"> <li>• Skinned Knees, palms and forearms</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure actor knows history and to act worried about the patient and his job.</li> </ul>
<ul style="list-style-type: none"> <li>• Sprained LEFT ankle</li> </ul>	<ul style="list-style-type: none"> <li>• Swelling and bruising</li> </ul>
<ul style="list-style-type: none"> <li>• Dislocated LEFT shoulder</li> </ul>	<ul style="list-style-type: none"> <li>• Displaced, swelling and bruising.</li> </ul>
<ul style="list-style-type: none"> <li>• Shock</li> </ul>	<ul style="list-style-type: none"> <li>• Mildly pale, cold, sweaty.</li> </ul>

### HISTORY:

- You are running the cross country race at the big sporting event. You were running along when the lead runner suddenly falls in front of you. There is NO time to get out of the way so you tried to jump over their rolling body and ended up hitting the fallen runner hard with your left foot.
- Hitting the runner made you go off balance and fall hard onto your left arm which you held out to try and catch your fall. You heard a loud “pop” and now have pain in your LEFT shoulder (6/10, aching) and you feel like your fingers are going numb.
- You also skinned both your knees and palms in the fall
- Your LEFT ankle was twisted in the fall. (3/10, aching pain)

### **VITAL SIGNS:**

	1 <sup>st</sup> SET	2 <sup>nd</sup> SET
<b>RESP.</b>	16 shallow and regular	16 shallow and regular
<b>PULSE</b>	96 Strong and Regular	90 strong and Regular
<b>BP</b>	118/68	118/68
<b>SKIN</b>	Pale, cool, clammy	Pale, cool, clammy
<b>LOC</b>	Conscious	Conscious
<b>PUPILS</b>	Equal and Reactive	Equal and Reactive

SAMPLE:

**Allergies:**Milk

**Medications:**none

**Past Medical History:**Lactose Intolerant

**Last meal:** 2 hours ago – light meal.

2015 OMFRC Provincial Competition AMFR/PRO Scenario 2

OMFRC Challenge – AMFR/PRO Level

***“Cross Country Crash” TEAM SCENARIO***

Team Number \_\_\_\_\_ Unit: \_\_\_\_\_

Team Member #1 \_\_\_\_\_

Team Member #2 \_\_\_\_\_

Team Member #3 \_\_\_\_\_

Team Member #4 \_\_\_\_\_

Judges' Names \_\_\_\_\_

**Casualty 1 – “Lead Runner”:**

Page 6- Primary Survey (Possible 180) Sub-Total \_\_\_\_\_

Page 7 - Secondary Survey (Possible 260) Sub-Total \_\_\_\_\_

Page 8 -Tx, Shock & General (Possible 220) Sub-Total \_\_\_\_\_

Page 9 - Recording (Possible 220) Sub-Total \_\_\_\_\_

**Casualty 1** (Possible 880) **Total** \_\_\_\_\_

**Casualty 2 – “Second Place Runner”:**

Page 10 - Primary Survey (Possible 170) Sub-Total \_\_\_\_\_

Page 11– Secondary Survey (Possible 260) Sub-Total \_\_\_\_\_

Page 12 – Care, Shock & General (Possible 300) Sub-Total \_\_\_\_\_

Page 13 - Recording (Possible 230) Sub-Total \_\_\_\_\_

**Casualty 2** (Possible 960) **Total** \_\_\_\_\_

**Total Points Awarded**  
Casualty1 & 2 (Possible 1840)

**CASUALTY 1 – “Lead Runner”****TEAM #**

<b>SCENE / PRIMARY SURVEY:</b> This section is active for the first 3 minutes of the scenario only. During these first 3 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 3 minutes, the competitor is eligible to receive marks only in the Secondary Survey and no marks may be awarded in this Primary Survey. <b>Actions in this section may be done in any order.</b>		<b>A/S</b>	<b>P O I N T S</b>	<b>N O T D O N E</b>
1.1	Did First Aider take charge of the situation?	<b>S</b>	<b>10</b>	<b>0</b>
1.2	Did First Aider I.D. self and obtain consent?	<b>A/S</b>	<b>10</b>	<b>0</b>
1.3	Did First Aider wear protective gloves?	<b>A/S</b>	<b>10</b>	<b>0</b>
1.4	Did First Aider call out for help?	<b>S</b>	<b>10</b>	<b>0</b>
1.5	Were hazards assessed? <i>(race has already been re-routed)</i>	<b>S</b>	<b>10</b>	<b>0</b>
1.6	Did Team determine any other casualties? <i>(1 other)</i>	<b>A</b>	<b>10</b>	<b>0</b>
1.7	Did Team determine/state the mechanism of injury? <i>(fall, struck)</i>	<b>A</b>	<b>10</b>	<b>0</b>
1.8	Was the casualty warned not to move?	<b>S</b>	<b>10</b>	<b>0</b>
1.9	Did the team ask if patient stuck head or neck? <i>(No)</i>	<b>S</b>	<b>10</b>	<b>0</b>
1.10	Did Team assess responsiveness <i>(Conscious/ Talking/ Moaning)</i>	<b>A</b>	<b>10</b>	<b>0</b>
1.11	Did Team assess airway? <i>(Open)</i>	<b>A/S</b>	<b>10</b>	<b>0</b>
1.12	Did Team assess breathing? <i>(12 shallow)</i>	<b>A/S</b>	<b>10</b>	<b>0</b>
1.13	Did Team apply oxygen to the SOB patient?	<b>A</b>	<b>10</b>	<b>0</b>
1.14	Did Team assess the casualty's circulation – Pulse? <i>(84 Strong)</i>	<b>A/S</b>	<b>10</b>	<b>0</b>
1.15	Did Team assess the casualty's circulation – skin/ temp? <i>(skin is cool, pale &amp; sweaty)</i>	<b>A/S</b>	<b>10</b>	<b>0</b>
1.16	Did Team perform a rapid body survey?	<b>A</b>	<b>10</b>	<b>0</b>
1.17	Did Team activate EMS?	<b>A</b>	<b>10</b>	<b>0</b>
1.18	Did Team notify Trainer/Team Captain?	<b>A</b>	<b>10</b>	<b>0</b>
<b>PRIMARY SURVEY SUB-TOTAL( /180 )</b>				

## CASUALTY 1 – “Lead Runner” TEAM #

<b>SECONDARY SURVEY:</b> Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the <b>Primary Survey</b> . After the 3 first minutes, this is the only section that points shall be awarded to. <b>Actions in this section may be done in any order.</b>		A/S	P O I N T S	N O T  D O N E
2.0	<b>HISTORY OF THE CASUALTY:</b>			
2.1	Did the team ask about SYMPTOMS? <i>(Left Rib pain, SOB)</i>	A/S	10	0
2.2	Did the Team ask if casualty has any ALLERGIES? <i>(none)</i>	S	10	0
2.3	Did the Team ask about MEDICATIONS? <i>(None)</i>	S	10	0
2.4	Did the Team ask past MEDICAL HISTORY? <i>(None)</i>	S	10	0
2.5	Did the Team ask LAST ORAL INTAKE? <i>(3 Hours ago)</i>	S	10	0
2.6	Did the Team determine how the incident happened/ HISTORY?	S	10	0
3.0	<b>CASUALTY'S VITAL SIGNS ASSESSMENT</b>			
3.1	Did the Team determine Level of Consciousness? <i>(Conscious)</i>	A/S	10	0
3.2	Did the Team assess Respiration? <i>(12 Shallow &amp; Reg.)</i>	A	10	0
3.3	Did the Team assess Pulse? <i>(84 strong &amp; regular)</i>	A	10	0
3.4	Did the Team assess Blood Pressure? <i>(134/78)</i>	A	10	0
3.5	Did the Team assess Skin Condition & Temperature? <i>(pale, cool &amp; clammy)</i>	A	10	0
4.0	<b>HEAD TO TOE EXAMINATION</b>			
4.1	Check scalp? <i>(no deformity)</i>	A	10	0
4.2	Check eyes? <i>(equal &amp; reactive)</i>	A	10	0
4.3	Check nose? <i>(no findings)</i>	A	10	0
4.4	Check mouth? <i>(no findings)</i>	A	10	0
4.5	Check jaw? <i>(no findings)</i>	A	10	0
4.6	Check ears? <i>(no findings)</i>	A	10	0
4.7	Check neck? <i>(no deformity, no pain)</i>	A	10	0
4.8	Check collarbones & shoulders? <i>(abrasions to RIGHT shoulder)</i>	A	10	0
4.9	Check both arms/hands? <i>(abrasions RIGHT upper arm)</i>	A	10	0
4.10	Check chest <i>(LEFT rib bruising/swelling)</i>	A	10	0
4.11	Check abdomen? <i>(LEFT upper bruising)</i>	A	10	0
4.12	Check back? <i>(no deformity)</i>	A	10	0
4.13	Check pelvis? <i>(no deformity)</i>	A	10	0
4.14	Check both legs? <i>(abrasions to both knees)</i>	A	10	0
4.15	Check both ankles and feet? <i>(no deformity)</i>	A	10	0
<b>SECONDARY SURVEY SUB-TOTAL</b> ( /260 )				

# CASUALTY 1 – “Lead Runner”

# TEAM #

5.0	<b>CLOSED LEFT RIB FRACTURE</b>			
5.1	Was the chest expose and checked for further injury?	A/S	10	0
5.2	Was the patient semi-sat and supported to ease breathing?	A/S	10	0
5.3	Did the team place the LEFT arm in a tubular sling?	A	10	0
5.4	Was an ice pack placed over the injury?	A	10	0
6.0	<b>ABRASIONS TO RIGHT ARM AND SHOULDER</b>			
6.1	Were the abrasions cleaned of dirt/debris?	A/S	10	0
6.2	Did the team check distal circulation before bandaging?	A	10	0
6.3	Did the team place clean dressings over entire area?	A	10	0
6.4	Did the team secure the dressings with a bandage/tape?	A	10	0
6.5	Was distal circulation re-checked after bandaging?	A/S	10	0
7.0	<b>ABRASIONS TO BOTH KNEES</b>			
7.1	Were the abrasions cleaned of dirt/debris?	A/S	10	0
7.2	Did the team check distal circulation before bandaging?	A	10	0
7.3	Did the team place clean dressings over entire area?	A	10	0
7.4	Did the team secure the dressings with a bandage/tape?	A	10	0
7.5	Was distal circulation re-checked after bandaging?	A/S	10	0
8.0	<b>SHOCK AND GENERAL</b>			
8.1	Was casualty covered “over” to lessen shock?	A	10	0
8.2	Was casualty reassured?	S	10	0
8.3	Was LOC reassessed? 2 <sup>nd</sup> set (Conscious)	A/S	10	0
8.4	Was respiration reassessed? 2 <sup>nd</sup> set (12 shallow & regular)	A	10	0
8.5	Was pulse reassessed? 2 <sup>nd</sup> set (84 Strong & regular)	A	10	0
8.6	Was the Blood pressure reassessed? 2 <sup>nd</sup> set (134/78)	A	10	0
8.7	Was skin reassessed? 2 <sup>nd</sup> set (pale, cool, sweaty)	A	10	0
9.0	<b>PERSONAL PROTECTIVE EQUIPMENT</b>			
9.1	Were gloves effective? (torn gloves must be replaced)	A	10	0
<b>TREATMENT/CARE SUB-TOTAL( /220 )</b>				



# CASUALTY 1 – “Lead Runner”

TEAM #

10.0	<b>RECORDING</b>			
10.1	Was the Incident date and time recorded?	A	10	0
10.2	Was the casualty's information recorded?	A	10	0
10.3	Was an accurate incident history recorded?	A	10	0
10.4	Was the lack of allergies recorded?	A	10	0
10.5	Was the use of lack of medications recorded?	A	10	0
10.6	Was the lack of medical history recorded?	A	10	0
10.7	Was the last meal (3 hours ago) recorded?	A	10	0
10.8	Was the suspected LEFT rib fracture recorded?	A	10	0
10.9	Was the abrasions to both knees recorded?	A	10	0
10.10	Was the abrasions to RIGHT upper arm & shoulder recorded?	A	10	0
	<b>Vital Signs Note: If no time recorded, then no mark.</b>			
10.11	Was the 1 <sup>st</sup> vital signs LOC recorded?	A	5	0
10.12	Was the 1 <sup>st</sup> vital signs Respiration recorded?	A	5	0
10.13	Was the 1 <sup>st</sup> vital signs Pulse recorded?	A	5	0
10.14	Was the 1 <sup>st</sup> vital sign Blood Pressure recorded?	A	5	0
10.15	Was the 1 <sup>st</sup> vital signs Skin & Temperature recorded?	A	5	0
10.16	Was the 2 <sup>nd</sup> vital signs LOC recorded?	A	5	0
10.17	Was the 2 <sup>nd</sup> vital signs Respiration recorded?	A	5	0
10.18	Was the 2 <sup>nd</sup> vital signs Pulse recorded?	A	5	0
10.19	Was the 2 <sup>nd</sup> vital signs Blood pressure recorded?	A	5	0
10.20	Was the 2 <sup>nd</sup> vital signs Skin & Temperature recorded?	A	5	0
10.21	Was the application of oxygen recorded?	A	10	0
10.22	Was the treatment for the Left Rib fracture recorded?	A	10	0
10.23	Was the treatment for the knee abrasions recorded?	A	10	0
10.24	Was the treatment for the RIGHT arm abrasions recorded?	A	10	0
10.25	Was notification of EMS recorded?	A	10	0
10.26	Was notification of Team trainer/coach recorded?	A	10	0
10.27	Was the name(s) of the first aid team <b>legibly</b> recorded?	A	10	0
<b>RECORDING SUB-TOTAL( /220 )</b>				

## CASUALTY 2 – “Second Place Runner” TEAM #

SCENE / PRIMARY SURVEY:		A/S	P O I N T S	N O T  D O N E
This section is active for the first 3 minutes of the scenario only. During these first 3 minutes, the competitor may perform the actions that are both listed here and in the Secondary Survey. After the 3 minutes, the competitor is eligible to receive marks only in the Secondary Survey and no marks may be awarded in this Primary Survey. <b>Actions in this section may be done in any order.</b>				
1.1	Did First Aider take charge of the situation?	S	10	0
1.2	Did First Aider I.D. self and obtain consent?	A/S	10	0
1.3	Did First Aider wear protective gloves?	A/S	10	0
1.4	Did First Aider call out for help?	S	10	0
1.5	Were hazards assessed? <i>(race has already been re-routed)</i>	S	10	0
1.6	Did Team determine any other casualties? <i>(1 other)</i>	A	10	0
1.7	Did Team determine/state the mechanism of injury? <i>(fall, hit body)</i>	A	10	0
1.8	Was the casualty warned not to move?	S	10	0
1.9	Did the team ask if patient stuck head or neck? <i>(No)</i>	S	10	0
1.10	Did Team assess responsiveness <i>(Conscious/ Talking)</i>	A	10	0
1.11	Did Team assess airway? <i>(Open)</i>	A/S	10	0
1.12	Did Team assess breathing? <i>(16 shallow &amp; regular)</i>	A/S	10	0
1.13	Did Team assess the casualty's circulation – Pulse? <i>(96 Strong)</i>	A	10	0
1.14	Did Team assess the casualty's circulation – skin/ temp? <i>(skin is cool, pale &amp; sweaty)</i>	A/S	10	0
1.15	Did Team perform a rapid body survey?	A	10	0
1.16	Did Team activate EMS?	A	10	0
1.17	Did Team notify Trainer/Team Captain?	A	10	0
<b>PRIMARY SURVEY SUB-TOTAL</b> ( /170 )				

## CASUALTY 2 – “Second Place Runner” TEAM #

<b>SECONDARY SURVEY:</b> Actions in this section may be performed by the competitor in the first 3 minutes of the scenario as well as the <b>Primary Survey</b> . After the 3 first minutes, this is the only section that points shall be awarded to. <b>Actions in this section may be done in any order.</b>		A/S	P O I N T S	N O T  D O N E
2.0	<b>HISTORY OF THE CASUALTY:</b>			
2.1	Did the team ask about SYMPTOMS? <i>(Left shoulder/ Ankle)</i>	A/S	10	0
2.2	Did the Team ask if casualty has any ALLERGIES? <i>(Milk)</i>	S	10	0
2.3	Did the Team ask about MEDICATIONS? <i>(None)</i>	S	10	0
2.4	Did the Team ask past MEDICAL HISTORY? <i>(Lactose Intol.)</i>	S	10	0
2.5	Did the Team ask LAST ORAL INTAKE? <i>(3 Hours ago)</i>	S	10	0
2.6	Did the Team determine how the incident happened/ HISTORY?	S	10	0
3.0	<b>CASUALTY'S VITAL SIGNS ASSESSMENT</b>			
3.1	Did the Team determine Level of Consciousness? <i>(Conscious)</i>	A/S	10	0
3.2	Did the Team assess Respiration? <i>(16 Shallow &amp; Reg.)</i>	A	10	0
3.3	Did the Team assess Pulse? <i>(96 strong &amp; regular)</i>	A	10	0
3.4	Did the Team assess Blood pressure? <i>(118/68)</i>	A	10	0
3.5	Did the Team assess Skin Condition & Temperature? <i>(pale, cool&amp; clammy)</i>	A	10	0
4.0	<b>HEAD TO TOE EXAMINATION</b>			
4.1	Check scalp? <i>(no deformity)</i>	A	10	0
4.2	Check eyes? <i>(equal &amp; reactive)</i>	A	10	0
4.3	Check nose? <i>(no findings)</i>	A	10	0
4.4	Check mouth? <i>(no findings)</i>	A	10	0
4.5	Check jaw? <i>(no findings)</i>	A	10	0
4.6	Check ears? <i>(no findings)</i>	A	10	0
4.7	Check neck? <i>(no deformity, no pain)</i>	A	10	0
4.8	Check Collarbones & shoulders? <i>(LEFT shoulder dislocation)</i>	A	10	0
4.9	Check both arms/hands? <i>(abrasions both palms)</i>	A	10	0
4.10	Check chest <i>(no findings)</i>	A	10	0
4.11	Check abdomen? <i>(No findings)</i>	A	10	0
4.12	Check back? <i>(no deformity)</i>	A	10	0
4.13	Check pelvis? <i>(no deformity)</i>	A	10	0
4.14	Check both legs? <i>(abrasions to both knees)</i>	A	10	0
4.15	Check both ankles and feet? <i>(Swelling, bruising LEFT ankle)</i>	A	10	0
<b>SECONDARY SURVEY SUB-TOTAL( /260 )</b>				

## CASUALTY 2 – “Second Place Runner” TEAM #

5.0	<b>LEFT SHOULDER DISLOCATION</b>			
5.1	Was shoulder injury expose and inspected?	A/S	10	0
5.2	Was distal circulation check prior to bandaging?	A/S	10	0
5.3	Did the team place the LEFT arm in a tubular sling?	A	10	0
5.4	Did the team secure the arm with a broad bandage at elbow?	A	10	0
5.5	Was distal circulation checked after bandaging?	A/S	10	0
5.6	Was an ice pack placed on Shoulder for RICE?	A	10	0
6.0	<b>ABRASIONS TO BOTH PALMS</b>			
6.1	Were the abrasions cleaned of dirt/debris?	A	10	0
6.2	Did the team check distal circulation before bandaging?	A/S	10	0
6.3	Did the team place clean dressings over entire area?	A	10	0
6.4	Did the team secure the dressings with a bandage/tape?	A	10	0
6.5	Was distal circulation re-checked after bandaging?	A/S	10	0
7.0	<b>ABRASIONS TO BOTH KNEES</b>			
7.1	Were the abrasions cleaned of dirt/debris?	A	10	0
7.2	Did the team check distal circulation before bandaging?	A/S	10	0
7.3	Did the team place clean dressings over entire area?	A	10	0
7.4	Did the team secure the dressings with a bandage/tape?	A	10	0
7.5	Was distal circulation re-checked after bandaging?	A/S	10	0
8.0	<b>SPRAINED LEFT ANKLE</b>			
8.1	Was the injury fully exposed and inspected?	A/S	10	0
8.2	Was distal circulation check prior to bandaging?	A/S	10	0
8.3	Did the team place two bandages under ankle/calf?	A	10	0
8.4	Did the team pad with a pillow/blanket/splint?	A	10	0
8.5	Was distal circulation checked after bandaging?	A/S	10	0
8.6	Was an ice pack placed on ankle for RICE?	A	10	0
9.0	<b>SHOCK AND GENERAL</b>			
9.1	Was casualty covered “over” to lessen shock?	A	10	0
9.2	Was casualty reassured?	S	10	0
9.3	Was LOC reassessed? 2 <sup>nd</sup> set <i>(Conscious)</i>	A/S	10	0
9.4	Was respiration reassessed? 2 <sup>nd</sup> set <i>(16 shallow &amp; regular)</i>	A	10	0
9.5	Was pulse reassessed? 2 <sup>nd</sup> set <i>(90 Strong &amp; regular)</i>	A	10	0
9.6	Was the Blood pressure reassessed? 2 <sup>nd</sup> set <i>(118/68)</i>	A	10	0
9.7	Was skin reassessed? 2 <sup>nd</sup> set <i>(pale, cool, sweaty)</i>	A	10	0
10.0	<b>PERSONAL PROTECTIVE EQUIPMENT</b>			
10.1	Were gloves effective? <i>(torn gloves must be replaced)</i>	A	10	0
<b>TREATMENT/CARE SUB-TOTAL( /300 )</b>				

**CASUALTY 2 – “Second Place Runner” TEAM #**

11.0	<b>RECORDING</b>			
11.1	Was the Incident date and time recorded?	A	10	0
11.2	Was the casualty's information recorded?	A	10	0
11.3	Was an accurate incident history recorded?	A	10	0
11.4	Was the Milk allergy recorded?	A	10	0
11.5	Was the lack of medications recorded?	A	10	0
11.6	Was the Lactose Intolerance medical history recorded?	A	10	0
11.7	Was the last meal (2 hours ago) recorded?	A	10	0
11.8	Was the suspected LEFT shoulder dislocation recorded?	A	10	0
11.9	Was the abrasions to both knees recorded?	A	10	0
11.10	Was the abrasions to both palms recorded?	A	10	0
11.11	Was the suspected LEFT ankle sprain recorded?	A	10	0
	<b>Vital Signs Note: If no time recorded, then no mark.</b>			
11.12	Was the 1 <sup>st</sup> vital signs LOC recorded?	A	5	0
11.13	Was the 1 <sup>st</sup> vital signs Respiration recorded?	A	5	0
11.14	Was the 1 <sup>st</sup> vital signs Pulse recorded?	A	5	0
11.15	Was the 1 <sup>st</sup> Vital sign Blood pressure recorded?	A	5	0
11.16	Was the 1 <sup>st</sup> vital signs Skin & Temperature recorded?	A	5	0
11.17	Was the 2 <sup>nd</sup> vital signs LOC recorded?	A	5	0
11.18	Was the 2 <sup>nd</sup> vital signs Respiration recorded?	A	5	0
11.19	Was the 2 <sup>nd</sup> vital signs Pulse recorded?	A	5	0
11.20	Was the 2 <sup>nd</sup> vital signs Blood pressure recorded?	A	5	0
11.21	Was the 2 <sup>nd</sup> vital signs Skin & Temperature recorded?	A	5	0
11.22	Was the treatment for the LEFT shoulder dislocation recorded?	A	10	0
11.23	Was the treatment for the knee abrasions recorded?	A	10	0
11.24	Was the treatment for the palm abrasions recorded?	A	10	0
11.25	Was the treatment for the LEFT ankle sprain recorded?	A	10	0
11.26	Was notification of EMS recorded?	A	10	0
11.27	Was notification of Team trainer/coach recorded?160	A	10	0
11.28	Was the name(s) of the first aid team <b>legibly</b> recorded?	A	10	0
<b>RECORDING SUB-TOTAL( /230 )</b>				